## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11-2-2010	Address:	<u>In ditch</u>
Case #:	16F20073		CR200 S CR 300 E
County:	Howard		Howard County, In
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all fi  ☐ Lithium ☐ Red Ph ☐ Flamma ☐ Water I ☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open at apply)  n/Ammonia Reaction(s): 1 in woods osphorous/Iodine Reaction(s):  able Solvents:  Reactive Metal (Lithium):  rous Ammonia:  hloric Acid Gas Generator(s):  ve Acid:  ve Base:  item and location):	· <del></del>	
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agen		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:Kokomo Police Tip	
	tment: Greentown VFD	Fax: 765-6	
Health Department: Howard Co HD		Fax: 765-4	56-22 <u>92</u>
-	ection Service: N/A.	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.D. Fisher Phone 800-382-0689			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.